I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to Examiner Jila M. Mohandesi in Group Art Unit 3728 at Fax No. 703-746-4248 on April 21, 2003.

Patent

Attorney's Docket No. 033768-002

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	<b>)</b>
Rainer K. Schmid	Group Art Unit: 3728
Application No.: 09/827,933	Examiner: Mohandesi, Jila M.
Filed: April 9, 2001	) Confirmation No.: 6673
For: ENERGY RETURN SOLE FOR FOOT WEAR	) }

## REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL LETTER

## **BOX RCE**

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [X] \$375.00 (2801) [ ] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(c).

	• -	
	1.	Applicant(s) previously submitted the following documents for which continued examination is requested:  [X] Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on April 17, 2003.  [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on
		[ ] Other:
•	2.	The following documents are enclosed with this submission:
		[] Amendment/Reply.
		[ ] Affidavit(s)/Declaration(s).
04/24/2003 EPAYTON	00000001	[ ] Information Disclosure Statement (IDS).
01 FC:2801	375.00 CH	
01 1012012	3.	[ ] Small entity status is hereby claimed.
		[ ] No additional claim fee is required.
		The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:



(10/02)

Request for Continued Examination Transmittal Letter
Application No.09/827,933
Attorney's Docket No. 032004-005
Page 2

		CLAI	M S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims		MINUS 20 =		× \$18.00 (1202) =	
Independent Claims		MINUS 3 =		× \$84.00 (1201) =	
If multiple dependent	claims are pr	esented, add \$280.00	(1203)		
Total Fee					
If small entity status is	s claimed, sul	otract 50% of Total F	ce		
TOTAL FEE DUE					· · ·

4.	[]	A check in the amount of \$	is enclosed for the fee due.
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- 5. [X] Charge \$ 375.00 to Deposit Account No. 02-4800 for the fee due.
- 6. [ ] Applicant(s) requests suspension of action by the Office until at least \_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

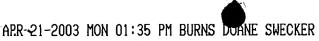
BURNS, DOANE, SWECKER & MATTHIS, L.I..P.

Cindy

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Date: April 21, 2003



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**DATE:** April 17, 2003

RECIPIENT INFORMATION		SENDER INFORMATION		
То:	Examiner Jila M. Mohandesi	From:	Cindy A. Lynch	
Voice Tel. No.:		Voice Tel. No.:	650.622.2300	
Fax Tel. No.:	703.746.4248	Sent By:	Joy A. Roeder	
Your Ref.:	USSN 09/827,933	Our Ref.:	033768-002	
		Total Pages (Inc	l. Cover Page):	16
RE: USSN 0	9/827,933	•		

MESSAGE: Pursuant to your request, please find enclosed a Request for Continued Examination Transmittal Leller.

If you have any questions, please do not hesitate to contact me.

Best regards.

NOTE: The information contained in this facsimile message is attorney-client privileged and contains confidential information intended only for the use of the person(s) named above and others expressly authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it.